

February 11, 2025

Oregon State Legislature
House Committee on Behavioral Health and Health Care

Re: House Bill 2943

Chair Nosse, Vice Chairs Nelson and Javadi, and members of the House Committee on Behavioral Health and Health Care,

For the record, my name is David Ramos. I am the Public Policy Manager for Cascade AIDS Project -- the oldest and largest community-based provider of HIV services, housing, education and advocacy in Oregon and Southwest Washington.

I am here today to express strong support for House Bill 2943, which would require Oregon's hospital emergency departments to conduct HIV and Syphilis screening on all patients who are already receiving other bloodwork unless the patient declines.

HIV and Syphilis continue to be significant public health issues. Here in Oregon, we have seen a 418% increase in the incidence rate of Syphilis since 2012¹. During that same time, there has been a 1,750% increase in the incidence rate of *congenital* Syphilis². The incidence rate of HIV *decreased* for much of this time period, but we have seen an uptick in new cases since the pandemic and are now seeing the highest incidence rate since 2013³ -- with a disproportionate impact on Malheur County, which saw almost double the number of new cases than Multnomah County did in 2022.⁴

The driving force for the continued spread of HIV and Syphilis is individuals who are living with one or the other but who are unaware of their status. There are many reasons why this may be the case -- lack of access to preventative health care, lack of awareness regarding risk factors of HIV and Syphilis, or stigma associated with sex, sexual health, or engagement in activities that lead to an elevated risk for transmission.

¹ Oregon Health Authority - [Syphilis Dashboard](#)

² Oregon Health Authority - [Congenital Syphilis](#)

³ Oregon Health Authority - [End HIV Oregon](#)

⁴ AIDSvu - [Understanding the Current HIV Epidemic in Oregon](#)

In 2021, 25% of new HIV diagnoses in Oregon were made in urgent care clinics and emergency departments -- a 15% increase since 2012⁵. Nationally, we have seen a 40% increase in the number of visits that included an STI diagnosis⁶. Pilot programs and studies from other major U.S. cities have demonstrated the effectiveness of opt-out screening at diagnosing new cases among largely unsuspecting patient populations (since HIV and Syphilis can and often are asymptomatic until they have progressed), and at improving clinical outcomes.

Altogether, these factors are why the U.S. Centers for Disease Control and Prevention, and the Oregon Health Authority have both recommended continued or even bolstered HIV and STI screening in acute care settings -- because public health needs are calling for necessary public health interventions within them.

On behalf of Cascade AIDS Project, we urge your support of House Bill 2943. We're aware of some concerns about the bill. We strongly believe that this is the best path forward but are open to continuing to work with others to find a solution that works for everyone.

In the interest of time, I have kept my testimony concise but will be uploading a more comprehensive policy brief with additional information to OLIS as soon as I have it ready. I am also happy to answer any questions the committee may have.

Thank you for your time!

Sincerely,

David Ramos
Public Policy Manager
Cascade AIDS Project

⁵ Oregon Health Authority - [End HIV Oregon](#)

⁶ [An increase in sexually transmitted infections seen in US emergency departments](#)